Please typ	e a plus sign	(+) inside this box	_	
Please typ	e e bins siðu	(+) inside this box	\rightarrow	1

DESIGN

60/445,891

UTC 011

supplemental priority data sheet PTO/SB/02B attached hereto.

Alan W. Weimer

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

The Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it contains a valid OMB control number. DECLARATION FOR UTILITY OR

Attorney Docket Number

First Named Inventor

PATENT APP	1	COMPLETE IE ISHAMI							
		COMPLETE IF KNOWN							
(37 CFR 1.63)		Application N	lumber						
☑ Declaration	☐ Declaration	Filing Date	Febru	ary 6, 2004					
Submitted OR with Initial	Submitted after Initia Filling (surcharge	Group Art Un	it						
Filing	(37 CFR 1.16 (e)) required)	Examiner Na	me						
As a below named inventor, i i	nereby declare that:								
My residence, mailing address, a	and citizenship are as state	ed below next to my n	amo .		•				
I believe I am the original, first ar names are listed below) of the su				rst and joint inve	entor (if plural				
		The second of the second	atent is sought on	the invention e	ntitled;				
NANOMATERIALS FOR (QUANTUM TUNNELI	NG VARISTORS			Ī				
the specification of which	(Tit)	le of the Invention)							
is attached hereto	•								
OR		ae I Initad t	Chron Annibert	N					
☐ was filed on (MM/DD/YYYY)	as officed :	States Application	Number or PC	T International				
Application Number and was amended on (MM/DD/YYY) (if applicable).									
I hereby state that I have reviewe amended by any amendment spo	of and understand the		entified specification	on, including the	claims, as				
l acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-part applications, material information which became available between the filing date of the prior application and the national or									
I hereby claim foreign priority ber	nefits under 35 U.S.C. 119	(a)-(d) or 365(b) of a	Inv foreign postin	diametric i					
America, listed below and have certificate, or any PCT internation	I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's cartificate, or 365(a) of any PCT international application which designated at least one country other than the United States of certificate, or any PCT international application having a filing date before that of the application on which priority is claimed. Prior Foreign Application								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certifled Co YES	py Attached?				
	,				H				
					5				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number(s) Filing Date (MM/DD/YYYY)									
			Additional	l provisional app are listed on a	olication ·				
60/445 891	102/06/2002								

02/06/2003

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

.							_
Please type	a plus	8ian (+)	Inside	eldt	box		1
,	- F		*********		~~~	_	~

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0851-0032

U.S. Patent and Tradamerk Office; U.S. DEPARTMENT DF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	1— Utilit	y or C)esig	n Pateni	Application				
Direct all correspondence to: Cus or B	stomer Number Bar Code Label			OR [Correspondence address below				
Name Gary C. Cohn PLLC	Name Gary C. Cohn PLLC								
Address 4010 Lake Washington Blvd., NE									
Address Suite 105									
City Kirkland			State	WA	ZIP 98033				
Country U.S.A.	Telepho	ne (425) 5) 576-1656 Fax (425) 576-1756						
made are punishable by fine or imprisonme	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVEN	NTOR:		A petitic	on has been fi	iled for this unsigned inventor				
Given Name (first and middle [if any])				Name Weimer					
Inventor's Signature	Werri				2-6-04 Date				
Residence: City Niwot		State CO) c	Country US	Citizenship US				
Mailing Address 6967 Springhill Drive									
Mailing Address									
City Niwot Sts	tate CO		ZIP 80503 Country US						
NAME OF SECOND INVENTOR:			A petitio	on has been fil	led for this unsigned inventor				
Given Name Steven M. (first and middle [if any])			Family Name George or Surname						
Inventor's Signature	<u>.</u>				Date				
Residence: City Boulder	.!	State CO	·	Country US	Cittzenship US				
Mailing Address 1444 Cassin Court									
Mailing Address									
City Boulder State CO				ZIP 80303 Country US					

_supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

lacktriangledown Additional inventors are being named on the $\underline{1}$

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPAR/MENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Pat nt Application

Direct of correspondence to:	Istomer Number Bar Code Label			OR 🗌 (Correspondence address below		
Name Gary C. Cohn PLLC				_			
Address 4010 Lake Washington Blv	vd., NE						
Address Suito 105							
City Kirkland			State V	VA	98033 ZIP		
Country U.S.A.	Telephon	(425) 57	76-1656		Fax (425) 576-1756		
Lana hallouad to be taus; and further that	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the						
NAME OF SOLE OR FIRST INV			A petitio	on has been fi	led for this unsigned inventor		
Given Name (first and middle [if any]) Alan W.			Family N	*** • • • • • • • • • • • • • • • • • •			
inventor's Signature		· -			Date		
Residence: City Niwot		State CC		Country	Citizenship US		
Mailing Address 6967 Springhill Dri	ve						
Malling Address					·		
City Niwot	CO State		ZIP 80	503	Country US		
NAME OF SECOND INVENTOR	:		A petiti	on has been f	iled for this unsigned inventor		
Given Name Steven M. Family Name George or Surname							
Inventor's Steven M. Denge. Date Feb. 6, 2004							
Residence: City Boulder		State CC)	Country US	Citizenship US		
Mailing Address 1444 Cassin Court							
Mailing Address							
Chy Boulder	CO State		ZIP 803	03	Country		
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

Please type a plus s	ign (+) inside this box	+	l
----------------------	-------------------------	---	---

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

···········							
Name of Additional Joint Inventor, If any: A petition has been filed for this unsigned inventor							
Given Name (first and middle [f any])			Family Name or Surname				
Clinton			her				
Inventor's Clinta Butch					Date 2/6/04		
Tulsa Residence: City	OK. State	Co	US ountry		US Citizenship		
6635 South New Haven Av	∕c.						
Malling Address							
City Tulsa	State OK	z	74136-2843	Countr	US		
Name of Additional Joint Inventor, if a	ny:	□ A	petition has been filed	for this	s unsigned inventor		
Given Name (first and middle [if any	D		Family Nan	ne or Si	umame		
Inventor's Signature					Date		
Residence: City State			Country Citizenship				
Mailing Address							
Mailing Address							
City	State		ZIP	Cour	ntry		
Name of Additional Joint Inventor, if a	ny:	□Ар	etition has been filed				
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature	Date			Date			
Residence: City State		Country			Citizenship		
Malling Address							
Malling Address							
City State ZIP			ZIP	Col	untrv		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.